

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF OHIO
EASTERN DIVISION**

In re Lois K. Forsythe : Case No. 2:16-bk-52886
Debtor :
: Chapter 13
: Judge Preston

Suggestion of Death

Now comes Attorney for the debtor and hereby gives notice of the death of the Debtor, Lois K. Forsythe on May 5, 2020.

Respectfully submitted

/S/ Jetta Mencer
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Ohio Department of Health
VITAL STATISTICS

Primary Reg. Dist. No. 1601

State File No. 2020046278

Registrar's No.

1601-2020000062

CERTIFICATE OF DEATH

DECEDENT

1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any)

LOIS K FORSYTHE

2. Sex

FEMALE

3. Date of Death (Mo/Day/Year)

MAY 05, 2020

4. Social Security Number

5a. Age
(Years)
885b. Under 1 Year
Months5c. Under 1 Year
Days5d. Under 1 day
Hours

5e. Minutes

6. Date of Birth (Mo/Day/Year)

JUNE 20, 1931

7. Birthplace (City and State or Foreign Country)

PITTSBURGH, PENNSYLVANIA

8a. Residence State

OHIO

8b. County

COSHOCTON

8c. City or Town

COSHOCTON

8d. Street Address and Zip Code

1729 FLINT LANE 43812

9. Ever in US Armed Forces?

NO

10. Marital Status at Time of Death

WIDOWED (AND NOT REMARRIED)

11. Surviving Spouse's Name (If wife, give name prior to first marriage)

12. Decedent's Education

DOCTORATE DEGREE OR

13. Decedent of Hispanic Origin

NO

14. Decedent's Race

WHITE

15. Father's Name

PAUL KERN

16. Mother's Name (prior to first marriage)

ELEANOR MCCLEERY

17a. Informant's Name

SHARON FORSYTHE-PRICE

17b. Relationship to Decedent

DAUGHTER

17c. Mailing Address (Street and Number, City, State, Zip Code)

424 WALLER STREET

18a. Place of Death

DECEDENT'S HOME

18b. Facility Name (If not institution, give street & number)

1729 FLINT LANE

18c. City or Town, State and Zip Code

COSHOCTON, OH 43812

18d. County of Death

COSHOCTON

19. Funeral Service Licensee or Other Agent

JESSICA A PAISLEY

20. License Number (of licensee)

009294

21. Name and Complete Address of Funeral Facility

GIVEN-DAWSON-PAISLEY FUNERAL

22. Method and Place of Disposition

BURIAL - COSHOCTON COUNTY MEMORY GARDENS, COSHOCTON, OH

186 PARK AVE

COSHOCTON, OH 43812

23. Local Registrar

LINDA JAMISON

24. Date Filed (Month/Day/Year)

MAY 07, 2020

DISPOSITION

26a. Certifier
(Check only one) Certifying Physician: To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner stated. Coroner or Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place; and due to the cause(s) and manner stated.

26b. Time of Death

07:32

26c. Date Pronounced Dead (Month/Day/Year)

MAY 05, 2020

26d. Was Case Referred to Medical Examiner or Coroner?

NO

CERTIFIER

26e. Certifier Name and Title

DWIGHT J MCFADDEN, III

26f. License number

35.082662

26g. Date Signed (Month/Day/Year)

MAY 07, 2020

27. Name and Address of Person who Completed Cause of Death

DWIGHT J MCFADDEN, III, 716 COMMERCIAL AVE SW, NEW PHILADELPHIA, OH 44663

CAUSE OF DEATH

28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.

Approximate Interval:
Onset and DeathImmediate Cause
(Final disease or condition resulting in death)

a. END STAGE RENAL DISEASE

UNKNOWN

Sequentially list conditions, if any, leading to immediate cause.

b. Due to (or as Consequence of)

DIABETES MELLITUS

YEARS

Enter Underlying Cause
(Disease or injury that initiated events resulting in a death)

c. Due to (or as Consequence of)

d. Due to (or as Consequence of)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. Was An Autopsy Performed?

NO

29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death?
NOT APPLICABLE

30. Did Tobacco Use Contribute to Death?

NO

31. If Female, Pregnancy Status

NOT APPLICABLE.

32. Manner of Death

NATURAL

33a. Date of Injury (Mo/Day/Year)

33b. Time of Injury

33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)

33d. Injury at Work?

33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)

33f. Describe How Injury Occurred:

33g. If Transportation Injury, Specify:

HEA 2724 Rev. 08/18

Linda Jamison, Registrar

MAY - 8 2020

Linda Jamison